| Major Donor and<br>Independent Expenditure Comi   | mittoo Tyne  | or print in ink.   |  | COMMITTEE STATEMEN   |  |
|---|--|--|--|--|--|
| Campaign Statement (Government Code Sections 84200-84216.5)                                   | or print in line.  | Date Stamp   | CALIFORNIA 461                                     |  |  |
|   | Statement covers period  | Date of election if applicable:  | 1  | 1/3  |  |
| Amendment   | from01/01/2017   | (Month, Day,Year)  |  | For Official Use Only  |  |
| SEE INSTRUCTIONS ON REVERSE   | through12/31/2017  | .  |  |  |  |
| 1. Name and Address Of Filer  |  | 3. Summary   | -  |  |  |
| NAME OF FILER (Include name(s) of all affiliated entities whose cont Elizabeth Simons         | tributions are included in this statement.)                                      | (Amounts may be rounded to when the continuity of the continuity o | ributions<br>00 or more                            | 440000 00  |  |
| MAILING ADDRESS   | (NO. AND STREET)   | made this period. (Pari  | •  | \$110900.00  |  |
| CITY  | STATE ZIP CODE   | Unitemized expenditur     contributions (including     \$100 made this period  | loans) under                                       | \$0.00   |  |
| Atherton RESPONSIBLE OFFICER (If filer is other than an individual)                           | CA 94027  AREA CODE/DAYTIME PHONE  | 3. Total expenditures and made this period. (Add   | Lines 1 + 2.)                                      | SUBTOTAL \$110900.00   |  |
| Elizabeth Simons  |  | 4. Total expenditures and  |  |  |  |
| 2. Nature and Interests of Filer (Co  |  | made from prior staten amount from Line 5 of   | •  |  |  |
| A FILER THAT IS AN INDIVIDUAL MUST LIST THE NOT EMPLOYER OR, IF SELF-EMPLOYED, THE NAME       | NAME, ADDRESS, AND BUSINESS INTERESTS<br>IE, ADDRESS, AND NATURE OF THE BUSINESS | filed. If this is the first  |  | 0.00   |  |
| NAME OF EMPLOYER/BUSINESS   | BUSINESS INTERESTS   | the calendar year, ente  |  | \$   |  |
| Retired   |  | 5. Total expenditures and (including loans) made   |  |  |  |
| ADDRESS OF EMPLOYER/BUSINESS  |  | January 1 of the currer  | nt calendar year.                                  | <b>TOTAL</b> \$110900.00   |  |
| A FILER THAT IS A BUSINESS ENTITY MUST DESCENDED  A FILER THAT IS AN ASSOCIATION MUST PROVIDE |  | 4. Verification  I have used all reasonable reviewed the statement are contained herein is true are the laws of the State of Care  | nd to the best of my kr<br>and complete. I certify | nowledge the information under penalty of perjury under                        |  |
| A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS E   |  | Executed on  |  | Simons  GNATURE OF INDIVIDUAL DONOR OR BLE OFFICER IF OTHER THAN AN INDIVIDUAL |  |

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE AN | C |
|--------------------------------------|---|
| MAJOR DONOR COMMITTEE STATEMEN       | 1 |

| Statement covers period |            | CALIFORNIA | 161 |
|-------------------------|------------|------------|-----|
| from                    | 01/01/2017 | FORM       | 401 |
| through                 | 12/31/2017 | 2/3        |     |
| unougn                  |            |            |     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Simons

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE        | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                      | TYPE OF PAYMENT  | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION,<br>OR COMMITTEE                  | AMOUNT THIS<br>PERIOD | CUMULATIVE AMOUNT<br>RELATIVE TO THIS<br>CANDIDATE, MEASURE,<br>OR COMMITTEE |
|-------------|--|--|--|---|-----------------------|--|
| 12/05/2017  | Anna Pletcher for District Attorney 2018  San Rafael CA 94901  ID: 1392466 Reference No: | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure |  | Anna Pletcher District Attorney Other Marin County Marin County NO:  Support Oppose | 2500.00               | Calendar Year  \$  Calendar Year  \$  Other                                  |
| 12/15/2017  | Committee for Alameda County Child Care & Ea  Alameda CA 94501 ID: 1398097 Reference No: | Contribution  Loan  Non-Monetary Contribution  Independent Expenditure       |  | Childcare & Early Education Mea - sure Alameda County  NO:  Support Oppose          | 100000.00             | \$ 100000.00 Other   |
| 10/17/2017  | Newsom for California Governor 2018  Sacramento CA 95815 ID: 1375287 Reference No:       | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure |  | Gavin Newsom Governor Statewide  NO:  Support Oppose                                | 2000.00               | \$ 2000.00 Other   |
| 04/18/2017  | Rob Bonta for Assembly 2018  Sacramento CA 95815 ID: 1392389 Reference No:               | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure |  | Rob Bonta State Assembly Person Assembly District  NO: 18  X Support                | 4400.00               | \$ Calendar Year  \$ 4400.00  Other  |
| SUBTOTAL \$ |  |  |  |   |                       |  |

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE | AND  |
|-----------------------------------|------|
| MAJOR DONOR COMMITTEE STATEM      | 1EN1 |

| Statement covers period |            | CALIFORNIA | 161 |
|-------------------------|------------|------------|-----|
| from                    | 01/01/2017 | FORM       | 461 |
| through                 | 12/31/2017 | 3/3        |     |
| unougn                  |            |            |     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Simons

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE       | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                           | TYPE OF PAYMENT  | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION,<br>OR COMMITTEE                               | AMOUNT THIS<br>PERIOD | CUMULATIVE AMOUNT<br>RELATIVE TO THIS<br>CANDIDATE, MEASURE,<br>OR COMMITTEE |
|------------|---|--|--|--|-----------------------|--|
| 09/21/2017 | Supervisor Simitian Office Holder Committee 20  Palo Alto CA 94303  ID: 1342827 Reference No: | 6 Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure |  | Joe Simitian County Supervisor Other Santa Clara County Santa Clara County NO: 5  Support Oppose | 1000.00               | \$ Calendar Year  \$ Other   |
| 11/16/2017 | Wendy Carrillo for Assembly 2017  Fullerton CA 92835 ID: 1396972 Reference No:                | Monetary Contribution  Loan Non-Monetary Contribution Independent Expenditure  |  | Wendy Carrillo State Assembly Person Assembly District  NO: 51  X Support Oppose                 | 1000.00               | \$ 1000.00 Other   |

**SUBTOTAL** \$ 110900.00